

**APPLICATION TO INACTIVATE PHYSICAL THERAPIST OR
PHYSICAL THERAPIST ASSISTANT LICENSE**

GEORGIA STATE BOARD OF PHYSICAL THERAPY

**237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/pt**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of PHYSICAL THERAPY in the State of Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/pt>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- ☐ **APPLICATION:** Submit application. NO fee is required.
- ☐ **LETTER:** To demonstrate inability to practice physical therapy due AGE, PHYSICAL IMPAIRMENT, OR INFIRMITY WHICH TIME IS NOT EXPECTED TO RESOLVE. If reason for inability is not age, letter must be submitted stating reason why you wish to inactivate your license.
- ☐ **APPLICANT:** Must not be under administrative disciplinary action or court action or probation.

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**APPLICATION FOR INACTIVATE LICENSE FOR
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NO Application Fee

Name as desired on License _____
First Middle Last

License Number _____

**Name as shown on exam records or transcripts
(If different)**

First Middle Last

Social Security Number

Date of Birth

E Mail Address _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

Physical Address _____

(P.O. Box not acceptable)

Mailing Address: _____

(if different from physical address)

Telephone Number Day

Telephone Number Evening